PHARMACISTS' BULLETIN

NOVA SCOTIA SENIORS' PHARMACARE PROGRAM

PHARMACARE

NOVA SCOTIA DEPARTMENT OF COMMUNITY SERVICES

May 2006

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MAY BULLETIN

NOVA SCOTIA DIABETES ASSISTANCE PROGRAM POSv SYSTEM

The Nova Scotia Department of Health is pleased to announce that as of May 1, 2006, eligible prescription claims for the NSDAP clients may be adjudicated electronically through the POSv (Point of Sale-version) system of Medavie Blue Cross. As with all Pharmacare Programs, the NSDAP is subject to the Pharmacare Tariff Agreement negotiated between the Nova Scotia Department of Health and the Pharmacy Association of Nova Scotia. Claims must be costed and submitted in accordance with this agreement. A copy of the current Pharmacare Tariff Agreement is provided in the Nova Scotia Pharmacare Programs Pharmacists' Guide

The move to an electronic platform will not alter the defined benefits under the program, but it will enable pharmacies to electronically submit claims for real-time adjudication. Beneficiaries will continue to be enrolled in the program and co-pay and family deductibles will be calculated and assigned.

Beneficiaries will be provided a letter with a detachable card containing their enrolment details, which they will present at the pharmacy when they have prescriptions for NSDAP benefits filled. Below is a sample NSDAP Registration Card:

Nova Scotia Diabetes Assistance Program
Nova Scotia Department of Health

John Doe
ID Number – 123456789
Group 0007336000
Effective Date – 01Jan 2006
Termination Date - 31 Dec 2006

This card is valid only for the person named above.
For more information please call
429-6565 or 1-800-305-5026

Each electronic claim for the NSDAP will be submitted by the pharmacy to Medavie Blue Cross and the claim will be adjudicated according to the patient's deductible and co-pay agreement. An electronic response is returned to the pharmacy. The resident pays the co-pay and deductible component to the pharmacy and Medavie Blue Cross will reimburse the pharmacy for the portion covered by the NSDAP according to the payment rules as per the Nova Scotia Pharmacare Tariff Agreement.

Reimbursement will be included with the Medavie Blue Cross' electronic funds transfer on the regularly scheduled pay runs.

Any questions concerning the Nova Scotia Diabetic Assistance Program including payment inquiries, please contact NSDAP at **429-6565** or **1-800-305-5026**.

INCLUDED WITH THIS BULLETIN:

- **New Products**, *effective May 15, 2006*
- **Interchangeable Products List**, *eff. May 15, 2006*

INTERCHANGEABLE PRODUCTS ADDED TO NOVA SCOTIA FORMULARY — *Effective May 15, 2006*

NEW CATEGORY:	DIN	Product	MFR	Benefit Status
METHYLPHENIDATE 20mg SR Tab	02266687	Apo-Methylphenidate SR	APX	SFC
	00632775	Ritalin SR	NVR	SFC

Note: Until a MAC price is established, AAC will be paid for these products.

NEW PRODUCTS

The following products are "New Listings to the Nova Scotia Formulary" *effective May 15, 2006*. The benefit status of each product within the Nova Scotia Pharmacare Programs is indicated.

DIN	PRODUCT	MFR	BENEFIT STATUS
02206072	Eprex 20,000iu/mL multi-dose vial	JAN	E
02231583	Eprex 1,000iu/0.5mL Syringe Inj	JAN	E
02231584	Eprex 2,000iu/0.5mL Syringe Inj	JAN	E
02231585	Eprex 3,000iu/0.3mL Syringe Inj	JAN	E
02231586	Eprex 4,000iu/0.4mL Syringe Inj	JAN	E
02243400	Eprex 5,000iu/0.5mL Syringe Inj	JAN	E
02243401	Eprex 6,000iu/0.6mL Syringe Inj	JAN	E
02243403	Eprex 8,000iu/0.8mL Syringe Inj	JAN	E
02231587	Eprex 10,000iu/mL Syringe Inj	JAN	E
02240722	Eprex 40,000iu/mL Syringe Inj	JAN	E
02270102	Flomax CR 0.4mg Tab	BOE	not insured
02269074	Lipidil EZ 48mg Tab	FFR	not insured
02269082	Lipidil EZ 145mg Tab	FFR	not insured
02268418	Lyrica 25mg Cap	PFI	not insured
02268426	Lyrica 50mg Cap	PFI	not insured
02268434	Lyrica 75mg Cap	PFI	not insured
02268450	Lyrica 150mg Cap	PFI	not insured
02268485	Lyrica 300mg Cap	PFI	not insured
02258560	Tri-Cyclen Lo Tab (21 day)	JAN	F
02258587	Tri-Cyclen Lo Tab (28 day)	JAN	F
02243716	Venofer 20mg/mL Inj	GPM	E
02245565	Xatral 10mg Tab	SAN	not insured

CRITERIA FOR COVERAGE OF NEW BENEFITS

Erythropoietin (Eprex)

- for the treatment of transfusion dependent patients with hematologic malignancies who have a baseline anemia of ≤ 90g/L and whose transfusion requirements are ≥ 2 units of packed red blood cells per month over 3 months
- initial approval for 12 weeks with the documentation of dose, hemoglobin and therapeutic outcome (number of transfusions)
- approval of further 12 week cycles are dependent on evidence of satisfactory clinical response or reduced treatment requirement to less than 2 units of PRBC monthly
- if transfusion requirements increase to ≥ 2 units/ month (over a 3 month period), one dose increase may be attempted (maximum dose 60,000iu per week)

Saccharated Iron Oxide (Venofer)

- for patients in whom parenteral iron is indicated and who have had a hypersensitivity or anaphylactic reaction to IV iron dextran

CHANGE TO CRITERIA FOR FINASTERIDE

The criteria for Finasteride (Proscar®) has been revised to include coverage if patient has failed therapy with an alpha antagonist.

- for the treatment of Benign Prostatic Hypertrophy (BPH) when:
  - alpha-antagonists are contraindicated or not tolerated; *or*
  - alpha-antagonists have failed
- patients successfully treated with combination therapy should be reassessed at 6 months and the alpha-antagonist discontinued. If symptoms return, alpha-antagonist can be restarted.